



The therapeutic investigation

In years gone by, the diagnostic process was an intellectual exercise in history taking and examination, then choosing the appropriate investigation. In the Medieval Ages, when I started practising, we performed X-rays and a few blood tests, and had a centrifuge and microscope in the consulting rooms. There were no ultrasounds or scans, and I was mostly confident of my assessments based on the history and examination.

Now, I have a great array of pads on my desk for radiologists, ultrasounds, densitometry and scans, as well as large sheets for blood tests, containing little boxes, eagerly waiting to be ticked.

In the past, a patient who complained of tiredness would be questioned and examined to exclude anaemia and hypothyroidism, and if nothing was found the patient would be quietly reassured. Sometimes, the age-old ritual of a bottle of tonic was prescribed.

Nowadays, I tick the boxes for the full blood count, iron levels and thyroid functions with a purposeful flourish of the pen. It is partly a confirmatory investigation, although it also morphs into other background motives, such as the reassurance investigation and the anti-litigation investigation. There is always the fear of missing a diagnosis to the detriment of the patient's health, but also to the detriment of one's reputation, and then the final all-pervading fear of litigation. It is for this reason that I do not read *Casebook*, the journal of the Medical Protection Society, at night. One should not read scary stories before going to sleep.

Lastly, there is the concept of the therapeutic investigation. The effect of a normal X-ray, normal scan, ECG or blood tests is reassuring, both to the doctor and the patient. I find that even a positive result indicating a pathological process may be therapeutic, especially in treatable conditions, in that the patient then has an explanation for his or her symptoms, and there is the relief that "it's not all in my mind, doctor".

Nevertheless, there are many "down" sides to these investigations, including false negatives and false positives, as well as the finding of incidentalomas. These engender further investigations and side-effects, as described in the Ulysses syndrome, which is the long, complicated journey of investigations following a false positive result. This is like the

proverbial blind man who is searching in a dark cellar for a black cat that isn't there.

There is also the result, which is one decimal point over or under the normal limit, with a large bold "L" for "Low", or "H" for "High", beside it, involving me having to perform considerable back-peddaling.

So what is an unnecessary investigation? One school of thought is for only conducting those investigations which are appropriate to the suspected condition. This is the intellectually and economically correct approach. The "umbrella" or "blunderbuss" approach of conducting a whole gamut of blood tests and scans to cover every possible eventuality has evolved because the boxes are there to be ticked nowadays, as well as all of the above reasons of reassurance and fear of legal consequences.

There are two other arguments for performing investigations which may not be particularly diagnostically relevant. The first is to establish baselines for comparison at a further stage in the illness or in the patient's life, provided that these are not repeated by different doctors and specialists, who are not communicating with one another.

The second argument is to ensure patient satisfaction, engendered by increasing public knowledge and the demand for modern technology. This belief that technology can solve all of our problems has been called "silicon faith". In the public mind, if a scan or imaging has not been carried out, there is lingering dissatisfaction, confirmed by neighbours and the tellers at Spar who have extensive knowledge on these matters. The scanner has now become the final arbiter of life on this earth.

Therefore, I am considering replacing the door of my consultation room with a whole body scanner. Patients may come and stand in front of the door and press a button, upon which their whole body will be scanned. A printout with the results will then come out of the wall on the left hand side of the door. I will install an ATM on the other side for them to pay the account.

I will be on the golf course.

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